

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3208

67 0012671

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

FILED APR 14 1967

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

St. Louis

1 Day

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION De Paul HospitalInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY
OR
TOWN FergusonInside Limits
Yes ☐ No ☐d. STREET
ADDRESS (If outside, give location)
45 Beacon Ave.Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JOSEPH

J.

SULLIVAN

4. DATE
OF
DEATH

Month

Day

Year

3

31

67

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-13-03

9. AGE (last birthday)

63 Yrs.

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Foreman

11. BIRTHPLACE (City and state or country)

Ferguson Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

James Sullivan

13b. MOTHER'S MAIDEN NAME

Weiman

14. NAME OF HUSBAND OR WIFE

La Verne Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no none

16. SOCIAL SECURITY NO.

489-10-8457

17. INFORMANT

La Verne Sullivan Ferguson Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Volulus Small Intestine = Gangrene

INTERVAL BETWEEN
ONSET AND DEATH

DUE TO (b)

DUE TO (c)

570.3

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at 11:30 P.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wesley Hayek

M.D.

22b. ADDRESS

119 Church St. Ferguson Missouri

22c. DATE SIGNED

Apr 7 1967

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

4-3-67

23c. NAME OF CEMETERY OR CREMATORY

Mt. Lebanon Cemetery

23d. LOCATION (City, town, or county)

St. Louis County Missouri

24. FUNERAL DIRECTOR

ADDRESS

White-Mullen Mortuary Ferguson Missouri

25. DATE RECD. BY LOCAL REG.

APR 3 1967

26. REGISTRAR'S SIGNATURE

Road Smith M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harley F. Fuller Jr.

Licensed Embalmer No. 4950

P. O. Address St Louis 63135

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.